

PARENT PERMISSION TRIP/CAMP ACTIVITY

Group/Troop #		Is planning a		Date	
Date & Time		Location		Phone Number	

Arrangements for transportation:

Type of transportation	
Time and place of departure	
Time and place of return	

Leaders/Adviser or adults in charge:

Name				
Phone		Cell		E-mail
Name				
Phone		Cell		E-mail

Each girl will need: (Troop campers, see back of page)

Expenses	
Other equipment and clothing	

In case of an emergency, the leader/adviser will notify

Name		Phone	
Name of Who will notify parents			
Date		Leader's/Adviser's Signature	

(Tear off and return to Troop Leader/Adviser)

My daughter		has permission to participate in	
You have my permission to use my daughter's voice or photo to help tell the public about the Girl Scout activity	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Updated Medical Information and Instructions

During the activity, I can be reached at		Phone		Cell	
Address					
After activity, my daughter will be picked up by		Phone		Cell	
My emergency contact person	<input type="checkbox"/> has	<input type="checkbox"/> does not have my permission to act on my behalf			
Name					
Address					
Relation to participant		Phone		Cell	
<i>Original signature required. Please print and sign.</i>					
Parent/Guardian Signature				Date:	